



**THE HEALTH OF THE RESIDENTS
IN THE WEST SERVICE PLANNING AREA
OF LOS ANGELES COUNTY**

Spring 2005

**COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH
COMMUNITY HEALTH SERVICES
WEST SERVICE PLANNING AREA**

This report was compiled and written by:

Farimah Fiali, M.S.
Epidemiology Analyst

Acknowledgements:

Maxine Liggins, MD.
Area Medical Director, SPA 5/6

Martina Travis, PHN, MPH
Acting Area Health Officer, SPA 5/6

A. Belinda Towns, MD, MPH
Medical Director, Public Health

Nabila Beshai, Ph. D.

Copies of this report may be obtained from:

Farimah Fiali, M.S.
West Service Planning Area Health Office
2509 Pico Boulevard, Suite 325
Santa Monica, California 90404
Telephone: (310) 998-3220
Facsimile: (310) 315-0685

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EXECUTIVE SUMMARY

The Health of the Residents in the West Service Planning Area is our second health assessment report, providing a snapshot of the health status in the communities of SPA 5. The report presents population-based data that describe health outcomes as well as demographic characteristics of the population. The report focuses on a select group of health indicators addressing demographic characteristics of the population, maternal and infant health, communicable diseases, hospitalizations, mortality, alcohol and drug problems, and mental health.

The data included in the report were collected from various County, State, and community agencies. The data cover different years, as the data were available. At all times, the most recent year's data were used for the report. Information included in this report is intended to enable public and private organizations to define health-related priorities and formulate new or revised policies and programs. Additionally, it may assist program directors in targeting their programs to the appropriate population sub-groups. Highlights of the data included in the report are presented below.

Population

- ? According to 2002 population estimates, 636,482 persons resided in SPA 5, representing approximately 6.5% of the Los Angeles County's estimated population.
- ? Overall, whites represented 65% of the population. Latinos were the second largest racial/ethnic group in SPA 5, constituting 16% of the population. The area's population also included 12% Asians/Pacific Islanders, 7% African Americans, and less than 1% Native Americans and persons from other racial/ethnic groups.
- ? Older adults constituted over 14% while children 0-17 made up almost 18% of the SPA 5 population. Sixty-eight percent of the residents were between the ages of 18-64.

Persons Living Below the Federal Poverty Level

- ? In 2001, the 100% FPL for a family of two adults and two children was determined to be \$17,960. During 2001, there were an estimated 76,685 persons living below the federal poverty level (100% FPL) in SPA 5, 12% of the total SPA population.
- ? The racial/ethnic composition of the poverty population was 44% white, 9% African American, 28% Latino, 19% Asian/Pacific Islander, and less than 1% Native American and persons from other racial/ethnic groups.
- ? Of the 76,685 SPA 5 residents living below the federal poverty level, 22% were children and youth 0 to 17 years of age, 73% were 18 to 64 years old, and less than 6% were adults 65 years and older.

Persons Receiving Public Assistance

- ? As of December 2003, there were 27,932 persons receiving Medi-Cal assistance in SPA 5. Overall, there were 10,932 food stamp recipients, 5,515 CalWORKS recipients, and about 2,700 individual received assistance in the form of General relief, refugee aide, and CAPI. In-home support services was available to 5,270 individuals in SPA 5 in 2003.
- ? Children 0-17 constituted 72.2% of CalWORKS, 50.8% of Medi-Cal and 1.7% of in home support services. Older adults (60 years and over) were the recipients of 93.1 of CAPI services, 3.6% of food stamps and 79.7% of In-Home Support services.

The Homeless Population

- ? It was estimated that during 2001 there were 4,045 homeless persons in SPA 5. Of these, 80% were living individually and 20% were living with family members. An estimated 46% of the homeless population were substance abusers, 5% were mentally ill, 13% were dually-diagnosed persons with alcohol/drug problems as well as mental illness, 3% were persons infected with HIV/AIDS, and 14% were victims of domestic violence.
- ? Substance abusers constituted 50% of homeless persons living individually and 32% of those living with families. In addition, dually diagnosed persons with alcohol/drug problems as well as mental illness made up 16% of homeless persons living individually and 1% of those living with family members. Nine percent of homeless persons living individually were victims of domestic violence, while 34% of those living with families were victims of domestic violence.

Maternal and Infant Health

- ? During 2001, there were 6,766 total live births in SPA 5. The racial/ethnic composition of live births was approximately 55% white, 25% Latino, 12% Asian/Pacific Islander, 7% African American, and over 1% Native American or other racial/ethnic groups.
- ? There were 432 low birth-weight babies (6.4% of total live births), 195 births to adolescents (3% of total live births), and 545 mothers receiving prenatal care after the first trimester or not receiving prenatal care at all (8% of all delivering mothers). Babies may be in more than one category.
- ? African American mothers had the highest percentage of low birth-weight babies (10.3%), followed by Asians/Pacific Islanders with 6.5%, Whites with 6.3%, Latina's with 5.6%, as well as Native Americans and mothers from other racial/ethnic groups with 3.8.
- ? Latinas had the highest proportion of births to adolescent mothers with 8.3%, followed by mothers from other racial/ethnic groups with 6.7% and African Americans with 5.2%.

- ? Births to mothers receiving late or no prenatal care were highest among mothers from other racial/ethnic groups with 21%, followed by Latinas with 14%, African Americans with 11%, Asians/Pacific Islanders with 6%, and Whites with 5%.
- ? There were 25 infant deaths (less than one year old) in SPA 5 during 2001. The infant mortality rate in SPA 5 during 1999 was 5.9 per 1,000 live births, while the rate in Los Angeles County was 3.7 per 1,000 live births.

Acquired Immune Deficiency Syndrome (AIDS)

- ? As of December 31, 2003, the cumulative number of persons diagnosed with AIDS in the entire SPA 5 was 2,717, a rate of 427 cases per 100,000 persons. This cumulative number includes all persons who were diagnosed with AIDS since 1981 when Los Angeles County started counting AIDS cases, whether these persons have died of AIDS or are still living with AIDS. Of the total AIDS cases in SPA 5, 2,556 (94%) were males and 161 (6%) were females. Sixty-eight percent of AIDS cases were white.
- ? Male-to-male sexual contact (MSM) was the likely mode of transmission for 86% of the men diagnosed with AIDS. Injection drug use (IDU) was the likely mode of transmission for 4% of males diagnosed with AIDS.
- ? Forty-four percent of women diagnosed with AIDS acquired the disease through heterosexual contact, 20% were injection drug users, 13% were blood transfusion recipients, and 23% acquired the disease through other methods of exposure.
- ? The majority of AIDS cases in SPA 5 were between the ages of 30-39 (46%), followed by 40-49 (26%) and 18-29 (14%). Ten percent of AIDS cases were among the 50-59 age-group and slightly over 4% occurred among the older adults 60 or over.

Sexually Transmitted Diseases (STDs)

- ? During 2002, there were 1,568 SPA 5 residents diagnosed with sexually transmitted diseases (STDs), representing a case rate of 246 per 100,000 population. Of these 1,568 cases, 906 (58%) were females and 659 (42%) were males.
- ? Seventy-six percent of the persons diagnosed with a sexually transmitted disease suffered from Chlamydia, about 22% had Gonorrhea, and 2.6% had Syphilis. In addition, Chlamydia cases accounted for 85% of sexually transmitted diseases among women and 63% of STD cases among men.
- ? During 2002, whites represented 22% of Chlamydia cases, 31% of Gonorrhea cases, and

51% of Syphilis cases in SPA 5. African Americans constituted 16% of Chlamydia cases, 18% of Gonorrhea cases, and 12% of Syphilis cases. Latinos made up 22% of Chlamydia cases, 11% of Gonorrhea cases, and 29% of Syphilis cases.

- ? There were 340 cases of Gonorrhea diagnosed in SPA 5 during 2002, representing a case rate of 53 per 100,000 population. The Gonorrhea rate in Los Angeles County was 76 cases per 100,000 population.
- ? There were 41 cases of Syphilis infections in SPA 5 during 2002, representing a case rate of 6 cases per 100,000 persons. The Syphilis rate in Los Angeles County was 7 cases per 100,000 population.

Tuberculosis (TB)

- ? During 2003, there were 34 Tuberculosis (TB) cases in SPA 5. TB cases in SPA 5 were equally divided among females and males. Fortunately, there were no cases of TB among children less than 15 years of age during 2003. Fifty percent of TB cases were between the ages of 15 to 44, and about 21% were between 45 to 64 years of age. An estimated 29 of the TB cases were among seniors, 65 years or older.
- ? The racial/ethnic distribution of TB cases was 27% white, 41% Asian/Pacific Islander, 27% Latino, and 6% African American. Seventy-nine percent of the TB cases diagnosed among residents of SPA 5 occurred among persons who were foreign-born. Twenty-six percent of the foreign-born cases were from Mexico, 15% from China, 11% from Philippines, 7% from India, and less than 4% and Vietnam. Thirty-two percent of the foreign-born TB cases were from other countries combined. The case rate for TB disease in SPA 5 during 2003 was about 5.3 cases per 100,000 population. TB rate in Los Angeles County was 10 per 100,000 population.

Burden of Disease and Injury

- ? Combining premature mortality and morbidity into a single measure of disease burden known as Disability Adjusted Life Years (DALYs), indicated that for SPA 5 residents, Coronary Heart Disease was the leading cause of disease burden (4,738 years lost to premature death and disability), followed by alcohol dependence (3,808 years), Alzheimer's/other dementia (2,888 years), Depression (2,755 years), Osteoarthritis (2,699 years), Diabetes Mellitus (2,551 years), drug overdose/other intoxication (2,446 years), Stroke (2,283 years), Cancer of Trachea/Bronchus/Lungs (1,988), and Emphysema (1,890 years lost to premature death and disability).
- ? Rates of DALYs ranged from 8.2 to 3.3 per 1,000 population for the top ten causes of DALYs in SPA 5. The rate for Coronary Heart Disease was much higher than the rates for

the next leading causes of DALYs.

- ? Coronary Heart Disease was the leading cause of premature death and disability for both men and women in SPA 5, with 2,752 years lost for men and 1,986 years lost for women. However, drug overdose/other intoxication was the second leading cause of DALYs for men with 2,109 years lost, while Alzheimer's/other dementia was the second leading cause of DALYs for women with 1,956 years lost. Alcohol dependence was the third leading cause of DALYs for both men and women, with 1,948 and 1,860 years lost, respectively. Depression was the fifth leading cause of DALYs for men with 1,366 years lost and the fourth leading cause of DALYs for women with 1,389 years lost.

Hospitalization

- ? During 2002, the number of SPA 5 residents who were hospitalized was 70,875. The top five illness-related causes of hospitalization for area residents were Congestive Heart Failure with 1,629 hospitalizations, Pneumonia with 1,540, Coronary Atherosclerosis with 1,432, Chest Pressure with 1,010, and Urinary Tract Infection with 756 hospitalizations. There were 2,330 asthma-related hospital discharges in SPA 5 during 2002.
- ? Emergency (unscheduled) admissions constituted 44% of all hospitalizations among SPA 5 residents.
- ? Medicare was the source of payment for 43% of all hospital admissions, followed by private insurance with 39%, and Medi-Cal with 12%. An estimated 5% of the patients admitted during 2002 in SPA 5 were indigent.

Mortality

- ? During 2001, there were 4,192 deaths among residents of SPA 5. Heart Disease and Cancers were the leading causes of death, with 1,343 and 1,057 deaths, respectively. These two causes accounted for 57% of deaths during that year. Other leading causes of death among SPA 5 residents during 2001 were Cerebrovascular Disease with 368 deaths (9%), Pneumonia & Influenza with 206 deaths (4.9%), and Chronic Lower Respiratory Disease (CLD) with 198 deaths (4.7%).
- ? During 2002, there were 227 unintentional injury deaths in SPA 5, 57 suicides, and 41 homicides. Older adults (65+) had the highest rates of suicides (21 per 100,000) and unintentional injury deaths (42 per 100,000 persons). Injury deaths were highest among African Americans (58/100,000), followed by whites (38/100,000) and Hispanics (30/100,000 persons).
- ? In 2001, the rate of years of potential life lost (YPLL) before age 65 per 100,000 population less than 65 years of age was significantly higher for Cancers (518) than for other diseases.

This rate was followed by a rate of 386 per 100,000 population less than 65 years of age for Heart Disease, a rate of 329 for unintentional injury deaths, a rate of 230 for suicides, and a rate of 206 per 100,000 population less than 65 years of age for Suicides. Death rate from HIV Disease (AIDS) was estimated at 437 per 100,000 persons.

Alcohol- and Drug-Related Services

- ? During Fiscal Year 2002-2003, the number of SPA 5 residents receiving alcohol and drug services was 4,613. Persons reporting Heroin as their primary drug problem constituted the highest proportion of SPA 5 residents attending alcohol and drug programs (30%). The next highest number of persons receiving alcohol and drug services reported Crack/Cocaine or alcohol as their primary problem (22% each), followed by other Opiates (11%), methamphetamines (9%), and marijuana/hashish users (5%).
- ? Sixty percent of SPA 5 residents receiving alcohol and drug services obtained non-residential treatment services. The majority (97%) of the service recipients were between the ages of 18-64.

Mental Health

- ? During Fiscal Year 2002-2003, there were 7,957 SPA 5 residents receiving mental health services. The largest number of mental health patients were diagnosed with major depression (34%), followed by Bipolar Disorders (19%), and Schizophrenia (18%).

I. Introduction

The West Service Planning Area (SPA 5) includes State owned land, portions of the Santa Monica Mountains National Recreation Area, Coastline State beaches, marinas, and Los Angeles International Airport. Its western border is the Ventura County line. Its eastern boundary runs south along Laurel Canyon Boulevard, Doheny Drive, the eastern border of Culver City, La Cienega Boulevard through the western side of Baldwin Hills and Ladera Heights to Imperial Highway. The northern border follows a number of mountain roads beginning with Mulholland Highway on the west, through State parklands, up the western border of Topanga State Park, and along Mulholland Drive to the east. The coastline, reaching from Carrillo State Beach to El Segundo, forms the Area's southern boundary.¹

The SPA 5 communities include Malibu-Pacific Palisades (90265, 90272), Westwood-Brentwood-Bel Air (90024, 90049, and 90077), Century City-Beverly Hills (90067, 90210, 90211, 90212), Santa Monica (90401, 90402, 90403, 90404, 90405), West LA/Cheviot Hills/Rancho Park (90025, 90064), Mar Vista (90066), Palms-Beverlywood (90034, 90035), Venice (90291), Culver City (90230, 90232), Marina del Rey-Playa del Rey (90292, 90293), Westchester-Ladera Heights (90045, 90056).

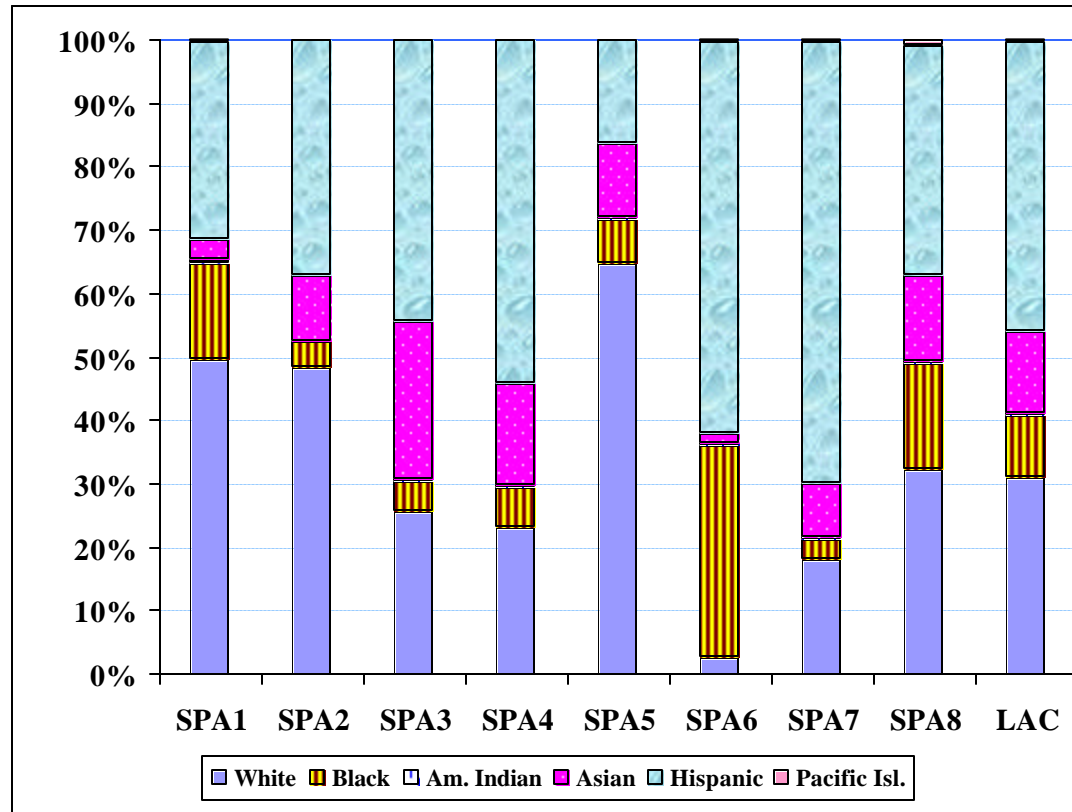
The Area Health Office of SPA 5 provides public health leadership in the SPA. A major goal of the office is to work in partnership with the community to ensure the optimal health and well being of the area residents. As part of a continuing effort to improve the quality of life for all residents, the staff of the SPA 5 Area Health Office inform the public about current health status of the SPA residents through developing and disseminating health-related statistics to the community. The staff prepares health assessment reports providing comprehensive assessments of the health of the SPA residents and information on many of the factors that influence health.

This report is the second health assessment report for SPA 5, developed from population-based data describing health outcomes and demographics. The information included in this report is designed to assist program directors in targeting their programs to the appropriate population sub-groups, defining health-related priorities, and formulating new or revised policies and programs to improve the health and quality of life for community residents.

Data included in the report were obtained from County and State agencies covering different years, as data were available. At all times, the most recent year's data were used for the report.

1 Profiles of Los Angeles County: Service Planning Area Resources for Children, Youth, and Families; Los Angeles County Children's Planning Council, Los Angeles, California, May 1996.

**Figure 1. Population Estimates by Race and Service Planning Area
Los Angeles County: 2002**



2002 Population by SPA is based on census 2000 population.

To view population data by city, please visit

http://www.unitedwayla.org/pfdfiles/spa_data/SPA6_2002_cen_data_final.pdf.

II. Population

Racial/Ethnic Distribution of the Population

SPA 5 is the second least populous SPA in Los Angeles County. According to 2002 population estimates, 636,482 persons resided in SPA 5, representing approximately 6.5% of the Los Angeles County's estimated population of 9,871,657. Table 1 presents the racial/ethnic distribution of SPA 5 population as estimated for 2002. Overall, Whites represented 64.8% of the population. Latinos were the second largest racial/ethnic group in the SPA, constituting 16.2% of the population. The area's population also included 11.6% Asians/Pacific Islanders, 7% African Americans, and about 0.2% American Indians and persons from other racial/ethnic groups. To compare SPA 5 demographics with other SPA's in Los Angeles County, please refer to figure 1.

Age Distribution of the Population

The estimated number of children and youth 0 to 17 years old in the entire SPA was 111,905, representing 17.6% of the total population. Adults 18 to 64 years old (433,892 persons) constituted 68.2% of the population. Older adults, 65 years and over, were 90,685 representing 14.2% of the total population in SPA 5 (Table 1).

Racial/Ethnic Distribution of Persons Living Below the Federal Poverty Level

In 2001, Federal Poverty Level (100% FPL) for a family of two adults and two children was \$17,960. Table 2 displays the racial/ethnic distribution of persons living below the federal poverty level (FPL) in SPA 5 in 2001.² In the entire SPA, there were 76,685 persons (%12) living below the 100% FPL. The racial/ethnic group with the largest number of persons living below the FPL was white (43.6%), followed by Latinos (27.6%), Asian/Pacific Islanders (18.8%) and African Americans (9.3%).

2 In 1999, the federal poverty level corresponded to an annual income of \$16,700 for a family of four.

Table 1. Racial/Ethnic Distribution of Estimated Population in SPA 5 in 2002 (by Age Group)

Race	Birth to 17 Years		18 to 64 Years		65 Years and Over		Total Population	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
white	62,851	15.2	275,693	66.9	73,750	17.9	412,294	64.8
African American	9,945	22.4	30,924	69.6	3,562	8.0	44,431	7.0
Native American	301	20.2	1,081	72.5	110	7.4	1,492	0.2
Asian	10,009	13.5	57,533	77.7	6,496	8.8	74,038	11.6
Latino	28,638	27.7	67,871	65.7	6,717	6.5	103,226	16.2
Pacific Islander	161	16.1	790	78.9	50	5.0	1,001	0.2
Total	111,905	17.6	433,892	68.2	90,685	14.2	636,482	100.0

Population by SPA is provided; to see census 2000 population data by city,
please visit http://www.unitedwayla.org/pdffiles/spa_data/SPA5_2002_cen_data_final.pdf.

Age Distribution of Persons Living Below the Federal Poverty Level

Table 3 presents the age distribution of estimated persons living below the federal poverty level in SPA 5 by race, during 2001. Of the total SPA 5 residents living below 100% FPL, 15,202 (19.8%) were children and youth 0 to 17 years of age, 54,926 (71.6%) were 18 to 64 years old, and 6,557 (8.5%) were 65 years and over.

Persons Receiving Public Assistance

Table 4 reports persons receiving public assistance in SPA 5 as of December 2003. In the entire SPA, there were 5,515 (1% of the population) persons receiving CalWORKs (California Work Opportunity and Responsibility to Kids). Of this total, 3,983 (72.2%) were children 0-17 years of age.

A total of 2,672 persons (0.4%) received General Relief. There were 27,596 persons (4%) receiving Medi-Cal assistance, some of this total may be included in the Cal-Works total recipients. Generally, about 80% of Cal-Works recipients receive Medi-Cal help county-wide. Overall, 10,932 residents (2%) received food stamps and 5,270 persons (1%) were the recipients of In-Home Supportive Services. The majority of the latter, (4,202, 80%) were residents over 60 years of age.

The primary languages of public assistance recipients are reported in Table 5. The majority of public assistance recipients were English speaking, followed by Spanish, and Russian, among other languages.

The Homeless Population

It was estimated that during 2001 there were 4,045 homeless persons in SPA 5. Of these, 3,236 (80%) were individuals and 809 (20%) were persons living with family members (Table 6). It was also estimated that of all homeless persons in the SPA, 1,877 (46%) were substance abusers, 194 (5%) were mentally ill, 526 (13%) were dually diagnosed persons with alcohol/drug problems as well as mental illness, 121 (3%) were persons with HIV/AIDS, and 566 (14%) were victims of domestic violence. It should be noted that persons might be in more than one category. The categories do not add up to 100%.

Substance abusers constituted 50% of homeless persons living individually and 32% of those living in families. Five percent of homeless persons living individually and 4% of those living with families were mentally ill. In addition, dually diagnosed persons with alcohol/drug problems as well as mental illness made up 16% of homeless persons living individually and 1% of those living with family members. Persons with HIV/AIDS constituted 3% of homeless individuals and also of those living with families. Nine percent of homeless persons living individually were victims of domestic violence, while 34% of those living with families were victims of domestic violence.

**Table 2. Racial/Ethnic Distribution of Estimated Population
below 100% Federal Poverty Level in SPA 5 in 2001**

Race	SPA Population		Poverty Population	
	Number	Percent	Number	Percent
<i>white</i>	408,601	65.1	33,463	43.6
<i>African American</i>	43,382	6.9	7,153	9.3
<i>Native American</i>	1,438	0.2	250	0.3
<i>Asian</i>	72,052	11.5	14,449	18.8
<i>Latino</i>	101,315	16.1	21,167	27.6
<i>Pacific Islander</i>	981	0.2	203	0.3
<i>Total</i>	627,769	100.0	76,685	12.2

Source: Poverty Estimates 2001, WRMA

Note: In 2001, the 100% FPL for a family of two adults and two children was \$ 17,960

**Poverty by SPA is provided; to see data by city,
please visit http://www.unitedwayla.org/pfdfiles/spa_data/SPA5_2002_cen_data_final.pdf.**

**Table 3. Age Distribution of 2001 Estimated Population
below 100% Federal Poverty Level (FPL)
by Race and Age Group: West Service Planning Area**

Race	Birth to 17 Years		18 to 64 Years		65 Years and Over		Total below FPL	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<i>white</i>	3,795	11.3	24,920	74.5	4,748	14.2	33,463	100
<i>African American</i>	2,467	34.5	4,353	60.9	333	4.7	7,153	100
<i>Native American</i>	34	13.6	211	84.4	5	2.0	250	100
<i>Asian</i>	1,230	8.5	12,669	87.7	550	3.8	14,449	100
<i>Latino</i>	7,633	36.1	12,619	59.6	915	4.3	21,167	100
<i>Pacific Islander</i>	43	21.2	154	75.8	6	3.0	203	100
Total	15,202	19.8	54,926	71.6	6,557	8.6	76,685	100

Poverty Estimates 2001, WRMA

Note: In 2001, the 100% FPL for a family of two adults and two children was \$ 17,960.

**Population by SPA is provided; to see census 2000 population data by city,
please visit http://www.unitedwayla.org/pfdfiles/spa_data/SPA5_2002_cen_data_final.pdf.**

Table 4. Age Distribution of Persons Receiving Public Assistance in SPA 5 - December 2003

	Type of Public Assistance Program													
	CalWORKs		General Relief		Refugee		CAPI		Medi-Cal		Food Stamps		In-Home Support Services	
Age Group	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0 - 17 Years	3,983	72.2	0	0.0	0	0.0	0.0	0.0	14,032	50.8	4,805	44.0	87	1.7
18 - 59 Years	1,509	27.4	2,505	93.8	18	100.0	4.0	6.9	9,777	35.4	5,732	52.4	981	18.6
60 Years and Over	23	0.4	167	6.3	0	0.0	54.0	93.1	3,787	13.7	395	3.6	4,202	79.7
TOTAL	5,515	100.0	2,672	100.0	18	100.0	58	100.0	27,596	100.0	10,932	100.0	5,270	100.0

Table 5. Primary Language of Persons Receiving Public Assistance in SPA 5 - December 2003

	Type of Public Assistance Program													
	CalWORKs		General Relief		Refugee		CAPI		Medi-Cal		Food Stamps		In-Home Support Services	
Primary Language	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
English	1,708	72.3	2,762	97.1	5	29.4	3.0	5.2	8,151	61.5	5,285	83.0	2,322	44.1
Spanish	497	21.0	43	1.5	1	5.9	5.0	8.6	4,218	31.8	815	12.8	378	7.2
Russian	20	0.8	9	0.3	2	11.8	3.0	5.2	63	0.5	36	0.6	846	16.1
Other languages	137	5.8	31	1.1	9	52.9	47.0	81.0	816	6.2	232	3.6	1,724	32.7
TOTAL	2,362	100	2,845	100	17	100	58	100	13,248	100	6,368	100	5,270	100

Total number or percent of SPA residents receiving public assistance is not available.

Table 6. Estimated Homeless Persons in SPA 5 - 2001

Homeless Persons	Individuals		Families (Persons in Families)		Total Persons	
	Number	Percent	Number	Percent	Number	Percent
Total Homeless Persons	3,236	80.0	809	20.0	4,045	100.0
Substance Abusers	1,618	50.0	259	32.0	1,877	46.4
Mentally Ill	162	5.0	32	4.0	194	4.8
Dually Diagnosed	518	16.0	8	1.0	526	13.0
Persons with HIV/AIDS	97	3.0	24	3.0	121	3.0
Victims of Domestic Violence	291	9.0	275	34.0	566	14.0

Note: Persons may be included in more than one category.

III. Maternal and Infant Health

Birth Outcomes and Prenatal Health

During 2001, there were 6,766 live births in SPA 5 (Table 7). The racial/ethnic composition of live births was 54.6% White, 24.9% Latino, 11.9% Asian/Pacific Islander, 7% African American, and 1.5% other racial/ethnic groups. There were 432 low birth-weight babies (6.4% of total live births), 195 births to adolescents (2.9% of total live births), and 545 mothers receiving prenatal care after the first trimester or not receiving prenatal care at all (8% of all delivering mothers). Babies may be in more than one category.

African American mothers had the highest percent of low birth-weight babies (49, 10.3%). They were followed by Asians/Pacific Islanders with (52, 6.4%). Low birth weight babies constituted 6.3% (232) of births among white mothers.

The highest proportion of births with late or no prenatal care was seen among mothers from other/unknown ethnicities (21.2%), followed by Latinas (239, 14.2%), African Americans (51, 10.7%), Asian/Pacific Islanders (48, 6%), and whites (185, 5%).

The highest proportion of teen births (mothers 15-19 years of age) occurred among Latinas (140, 71.9%), followed by African Americans (25, 12.8%), and whites (20, 10.3%).

There were 25 infant deaths (less than one year old) as well as 42 fetal deaths (equal or older than 20 weeks gestation) in SPA 5 during 2001.

Table 7. Total Live Births, Births with Special Conditions, Fetal Deaths, and Infant Deaths in SPA 6 by Race/Ethnicity of Mother - 2001

Race/Ethnicity of Mother	Total Live Births		Births with Special Conditions					
			Low Birth Weight Babies (<2500 grams or 5.5 pounds)		Births to Adolescent Mothers (Teen Girls aged 15-19)		Births to Mothers Receiving Late or No Prenatal Care	
	Number	Percent	Number	Row Percent	Number	Row Percent	Number	Row Percent
White	3,695	54.6	232	6.3	20	0.5	185	5.0
African American	477	7.0	49	10.3	25	5.2	51	10.7
Latina	1,685	24.9	95	5.6	140	8.3	239	14.2
Asian/Pacific Islander	805	11.9	52	6.5	3	0.4	48	6.0
Other/Unknown	104	1.5	4	3.8	7	6.7	22	21.2
TOTAL	6,766	100.0	432	6.4	195	2.9	545	8.1
Infant Deaths (<365 days of age)		Fetal Deaths (≥ 20 wks)						
	Number	Rate	Number	Rate				
Total	25	3.7	42	6.2				
Gender								
Male	12	3.4	22	6.3				
Female	13	4	20	6.1				
Race/Ethnicity								
White	12	3.2	0	6.7				
African American	3	6.3	58	6.3				
Latina	7	4.2	89	4.7				
Asian/Pacific Islander	3	3.7	0	7.4				
Other/Unknown	0	0	1	0				

Early prenatal care is during the first trimester (first three months) of pregnancy. Late prenatal care is during the second or third trimesters. The percent for low birth weight babies, births to adolescent mothers, and births to mothers receiving late prenatal care are calculated by dividing the number for each category by the number of total live births for each racial/ethnic group and multiplying by 100 percent.

IV. Communicable Diseases

Communicable diseases for 2003 have been presented in Table 8. There were 9 cases of Amebiasis, 104 cases of Campylobacteriosis, 36 cases of Giardiasis, 100 cases of Salmonella and 129 cases of Shigellosis in 2003 in SPA 5. Pertussis cases totaled 33 and viral meningitis cases totaled 111. Thirty-three cases of Hepatitis A and 9 cases of Hepatitis B were newly diagnosed as well.

Acquired Immune Deficiency Syndrome (AIDS)

Table 9 presents cumulative numbers of persons diagnosed with Acquired Immune Deficiency Syndrome (AIDS) in SPA 5 as of December 31, 2003.³ These numbers include persons who were diagnosed with AIDS since 1982 when Los Angeles County started counting AIDS cases, whether these persons have died of AIDS or are still living with AIDS. In the entire SPA 5, the cumulative number of persons diagnosed with AIDS was 2,717. Of the total AIDS cases, 2,556 (94%) were males and 161 (6%) were females. In addition, 68% of AIDS cases were white, followed by 16% Latinos, and 14% African American. The remaining 2% were Asian and other racial minorities.

Male-to-male sexual contact (MSM) was the most likely mode of transmission for 78% of the men diagnosed with AIDS. Heterosexual transmission was reported in 4% of cases. Injection drug use (IDU) was the likely mode of transmission for 5% of cases, with the transmission through blood product constituted 2% of all AIDS cases diagnosed in SPA5 during 1982-2003.

Number of persons living with AIDS in SPA 5 as of December 31, 2003 was 971 at a rate of 153 persons per 100,000 population. Racial distribution of the persons living with AIDS in 2003 in SPA 5 included 60% white, followed by 21% Hispanic, 15% African American, 3% Asian, and 1% Native American.

Case rates for AIDS in SPA 5 were highest among Native Americans (6 cases, 1%, and 402 cases per 100,000 population), followed by African Americans (333 per 100,000 population), Latinos, whites, and Asians with 200, 141, and 35 cases per 100,000 population.

Annual AIDS case and rates (1999-2003) have been presented in Figure 2.

3 When the number of cases is less than five, an asterisk is placed in the table at that location and also at the total of that group, in order to maintain patient confidentiality.

**Table 8. Selected Communicable Diseases
West SPA (SPA 5): 2002, 2003**

DISEASE	2002		2003	
	Cases	Rates	Cases	Rates
Amebiasis	14	2.2	9	2.2
Campylobacteriosis	120	18.9	104	17
Encephalitis	3	0.5	4	0.5
Giardiasis	46	7.2	36	9.4
Hepatitis Type A	21	3.3	33	2.8
Hepatitis Type B	4	0.6	9	0.3
Hepatitis Type C	0	-	0	-
Measles	0	-	0	-
Meningitis, viral	16	2.5	111	6.5
Meningococcal Infections	4	0.6	2	0.6
Pertussis	14	2.2	33	1.4
Salmonellosis	55	8.6	100	11.6
Shigellosis	78	12.3	129	6.8

*Case rate is the number of cases per 100,000 persons.

Table 9. Cumulative AIDS Cases in SPA 5 by Gender, Age Group, and Exposure Category Through December 31, 2003

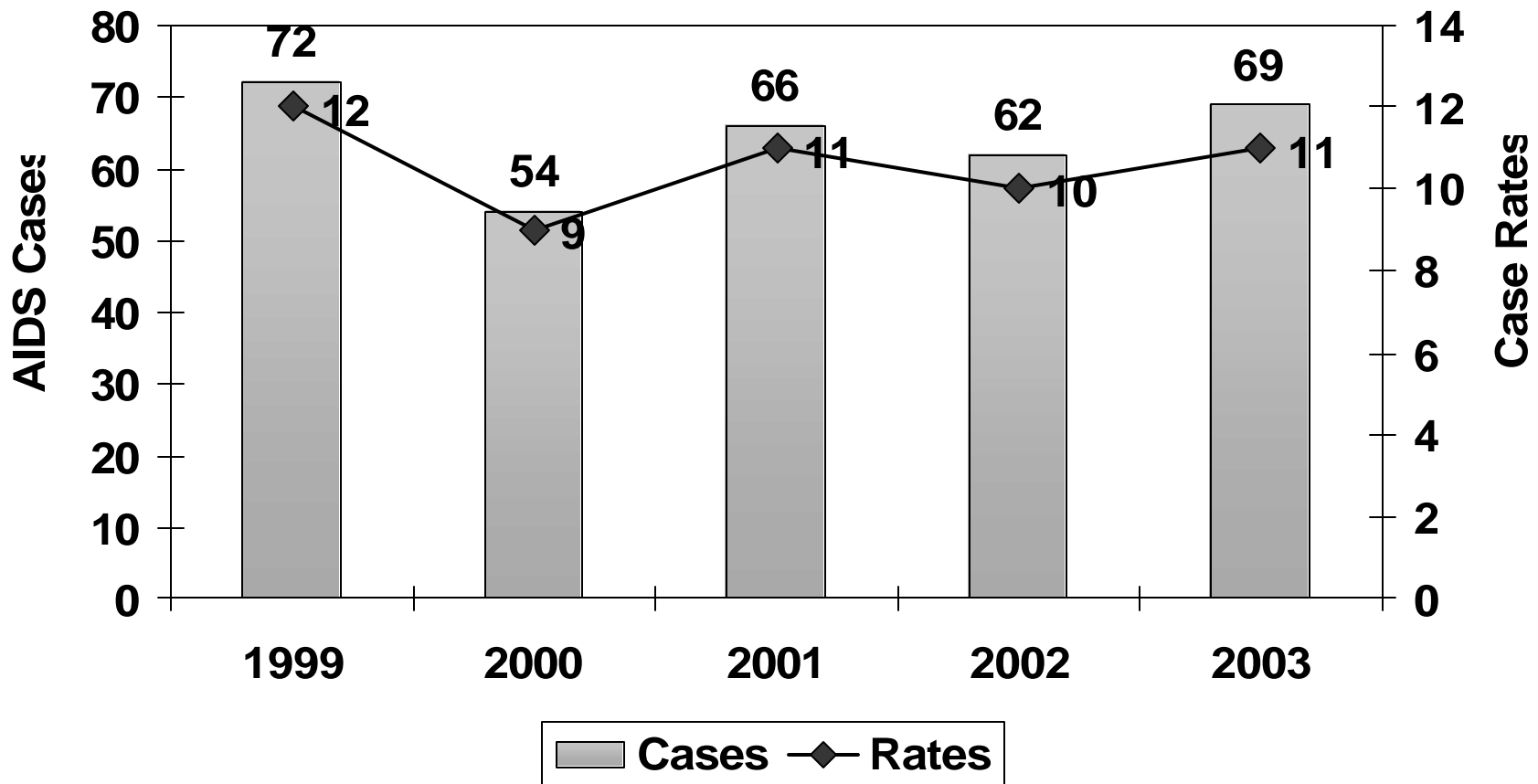
Gender	Race/Ethnicity											
	White		African American		Latino		Asian & Native American		Unknown		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MALE	1,763	69.0	324	12.7	396	15.5	59	2.3	14	0.6	2,556	94.1
Female	83	51.6	44	27.3	28	17.4	5	3.1	1	0.6	161	5.9
Total	1,846	67.9	368	13.5	424	15.6	64	2.4	15	0.6	2,717	100.0

Age Group	Male	Percent	Female	Percent	Total	Percent
0-17	<5	N/A	10	6.2	N/A	N/A
18-29	346	13.6	30	18.6	376	13.8
30-39	1,181	46.3	59	36.6	1,240	45.6
40-49	671	26.3	40	24.8	711	26.2
50-59	252	9.9	9	5.6	261	9.6
60+	103	4.0	13	8.1	116	4.3
Exposure Category: Adults						
Male to Male Sex (MSM)	2,111	82.6	0	0	2,111	77.7
MSM and Injection Drug Use	123	4.8	0	0	123	4.5
Injection drug user (IDU)	97	3.8	32	19.9	129	4.7
Hemophilia/Transfusion Recipient	41	1.6	21	13	62	2.3
Heterosexual contact (*)	26	1.0	71	44.1	97	3.6
Other/Undetermined	158	6.2	37	23.0	195	7.2

Other race/ethnicity includes persons who have multiple, unknown, or missing race/ethnicities.

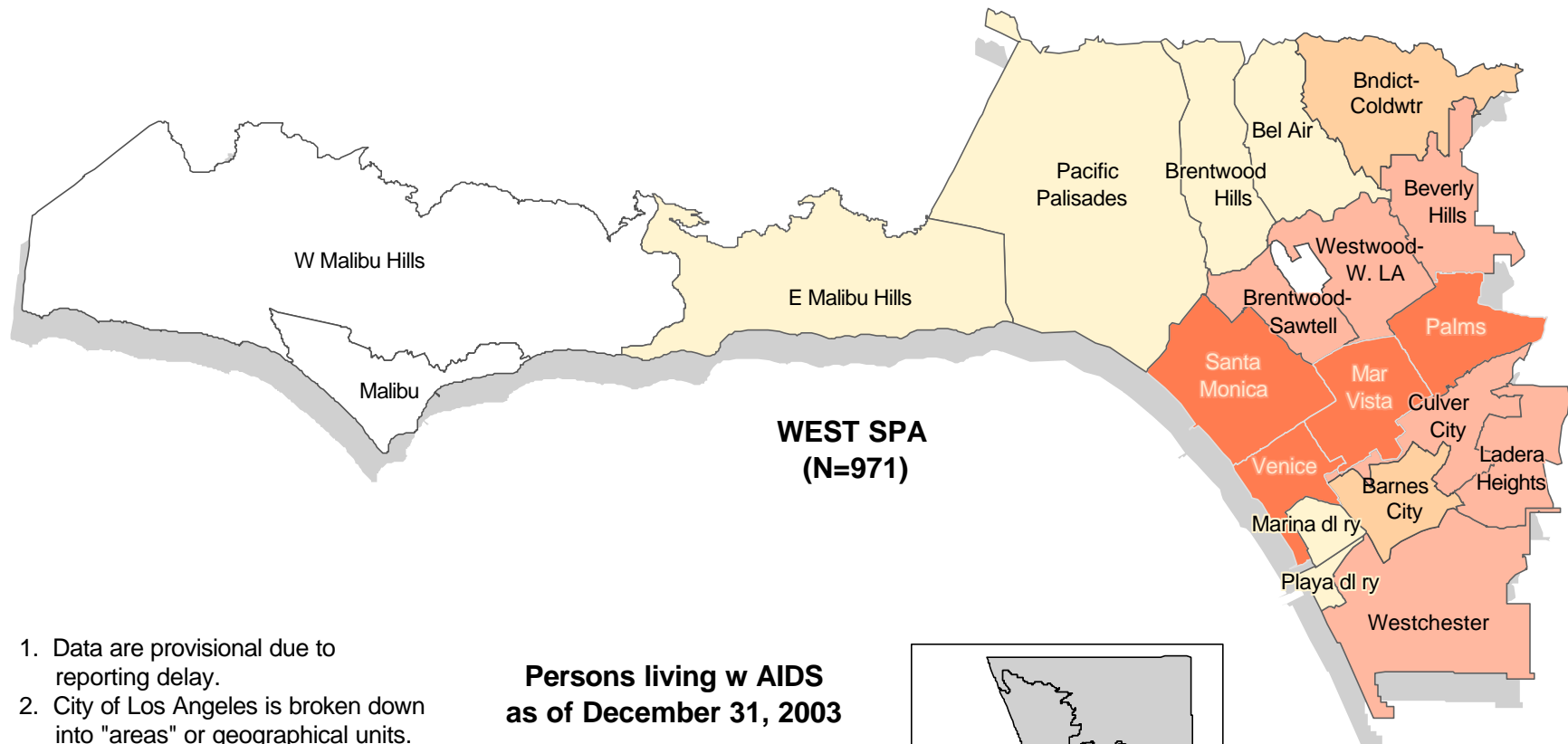
* Heterosexual contact with a person who is HIV-infected or at increased risk for HIV infection.

Figure 2.
AIDS Cases and Rates:
West Service Planning Area
1999-2003



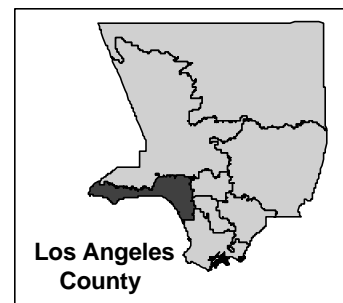
Case Rate: No. Cases per 100,000 Persons

PERSONS REPORTED LIVING WITH AIDS AS OF 2003* BY CITY/AREA(2) IN WEST SERVICE PLANNING AREA IN LOS ANGELES COUNTY



1. Data are provisional due to reporting delay.
2. City of Los Angeles is broken down into "areas" or geographical units.
3. Residence is based on address at time of AIDS diagnosis.
4. Does not include persons who had no specific address at time of the AIDS diagnosis.

* Data as of December 31, 2003



Sexually Transmitted Diseases (STDs)

The legally reportable sexually transmitted diseases (STDs) in the State of California include Chlamydia, Gonorrhea, and Syphilis. During 2002, a total of 1,568 SPA 5 residents were diagnosed with sexually transmitted diseases (Table 10). Sexually Transmitted Disease case rate in SPA 5 was estimated at 246.4 cases per 100,000 population. Annual trends in sexually transmitted disease cases and rates in SPA 5 during 1998-2002 have been presented in figures, 3 (Chlamydia), 4 (Gonorrhea), and 5 (Syphilis).

Of the 1,568 cases, there were 1,187 (75.7%) cases of Chlamydia, 340 (21.7%) cases of Gonorrhea, and 41 cases (2.6%) of Syphilis. The highest concentrations of Chlamydia were seen in females (771, 65%, rate of 234.6 cases per 100,000 persons). Gonorrhea cases were highest in males (205, 60.3%, case rate of 66.6 cases per 100,000 persons). Primary, secondary, (27, 100%, rate of 8.8 cases per 100,000 persons) and early latent cases of Syphilis (14, 100%, 4.5 cases per 100,000 persons) were solely among males.

Highest Chlamydia case rates were seen among African Americans (186, 15.7%, rate of 598.5 cases per 100,000 population), followed by Latino's (264, 22.2%, rate of 368.9 cases/100,000 persons), and Asians (99, 8.3%, rate of 184.5 cases/100,000 persons). Race was unknown for 368 reported cases in 2000.

Although Gonorrhea was highest among the SPA's white male population (71, 34.6%, rate of 51.2 per 100,000 persons), the highest cases rates for Gonorrhea were seen among African American male residents (37, 18%, rate of 259.5 cases per 100,000 persons). The next highest rates of Gonorrhea were seen among African American females (25, 18.5%, rate of 168.1 per 100,000 persons), followed by Latino males (24, 11.7%, rate of 69.4 cases per 100,000 persons).

Primary and Secondary Syphilis cases were solely among male residents of the SPA. Though there were 21 cases of Syphilis among SPA 5 while male residents (21, 51.2%, 5.1 cases per 100,000 persons), Syphilis case rates were highest among Latinos (12, 29.3%, 11.6 cases per 100,000 persons), followed by African Americans (5, 12.2%, 11.3 per 100,000) and whites (5.1 cases per 100,000 persons).

Table 10. Sexually Transmitted Diseases in SPA 5 by Gender and Ethnicity - 2002

Gender and Ethnicity	Disease									
	Chlamydia			Gonorrhea			Syphilis (Prim., Sec., Early Lat.)			To
	Number	Percent	Rate**	Number	Percent	Rate**	Number	Percent	Rate**	Number
Male	413	34.8	134.2	205	60.3	66.6	41	100.0	13.3	659.0
Female	771	65.0	234.6	135	39.7	41.1	0	0.0	0.0	906.0
TOTAL*	1,187	99.8	186.5	340	100.0	53.4	41	100.0	6.4	1,568.0
White	260	21.9	91.5	106	31.2	38.9	21	51.2	5.1	387.0
African American	186	15.7	598.5	62	18.2	213.8	5	12.2	11.3	253.0
Latino	264	22.2	368.9	37	10.9	54.3	12	29.3	11.6	313.0
Asian/Pacific Islander	99	8.3	184.5	18	5.3	36.5	1	2.4	1.3	118.0
Native American/Other/Unknown	378	31.8	n/a	117	34.4	53.9	2	4.9	N/A	497.0
TOTAL	1,187	100.0		340	100.0		41	100.0		1,568.0

California state law mandates that all laboratories and physicians report cases of chlamydia, gonorrhea, and syphilis to the local Health Department.

Physicians must also report cases of pelvic inflammatory disease (PID), chancroid, and non-gonococcal urethritis (NGU).

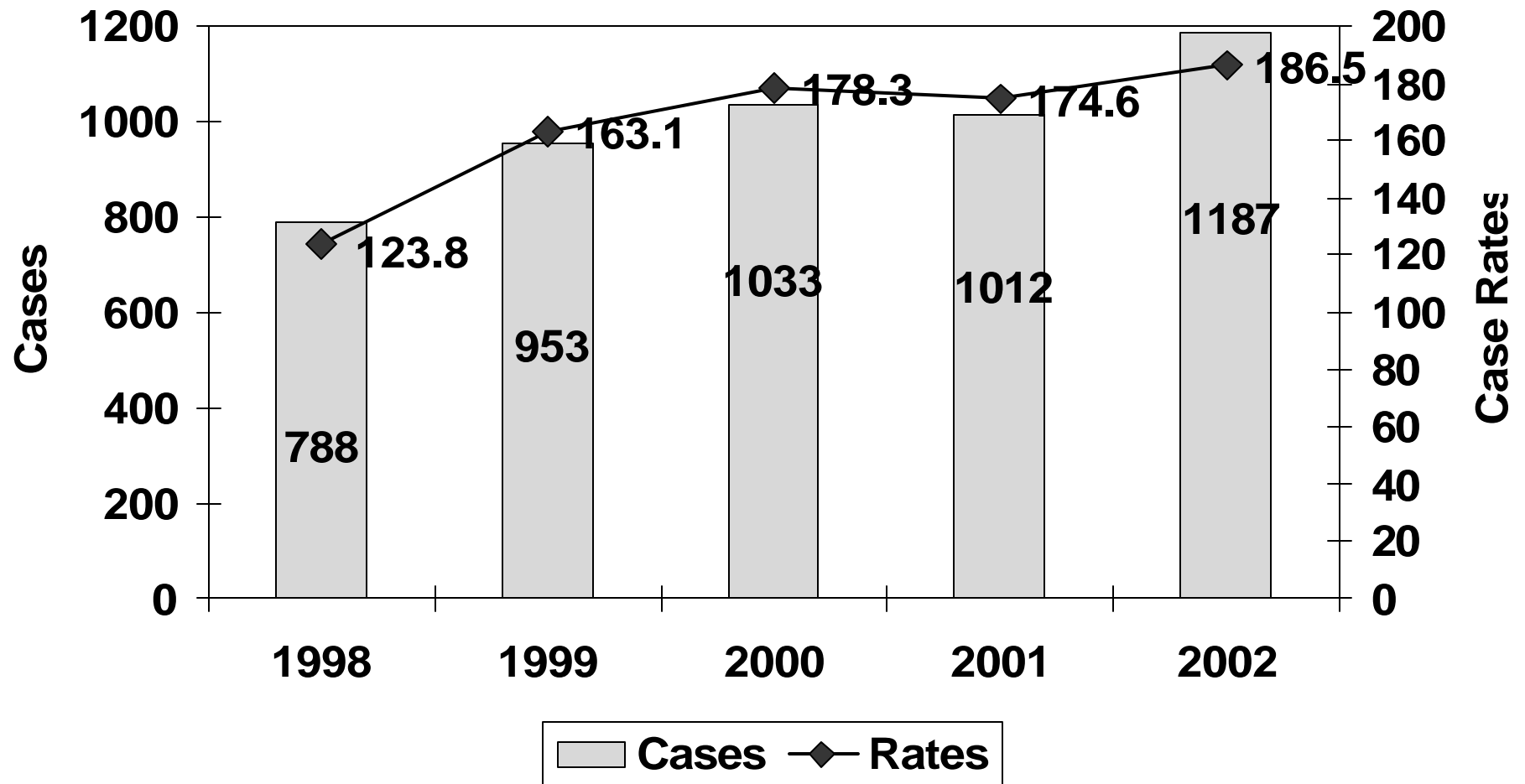
Only the numbers of chlamydia, gonorrhea, and syphilis (primary, secondary, early latent) are large enough to be shown in this table.

* Includes 3 cases with unknown gender in 2002.

Case Rate is defined as the number of cases per 100,000 population.

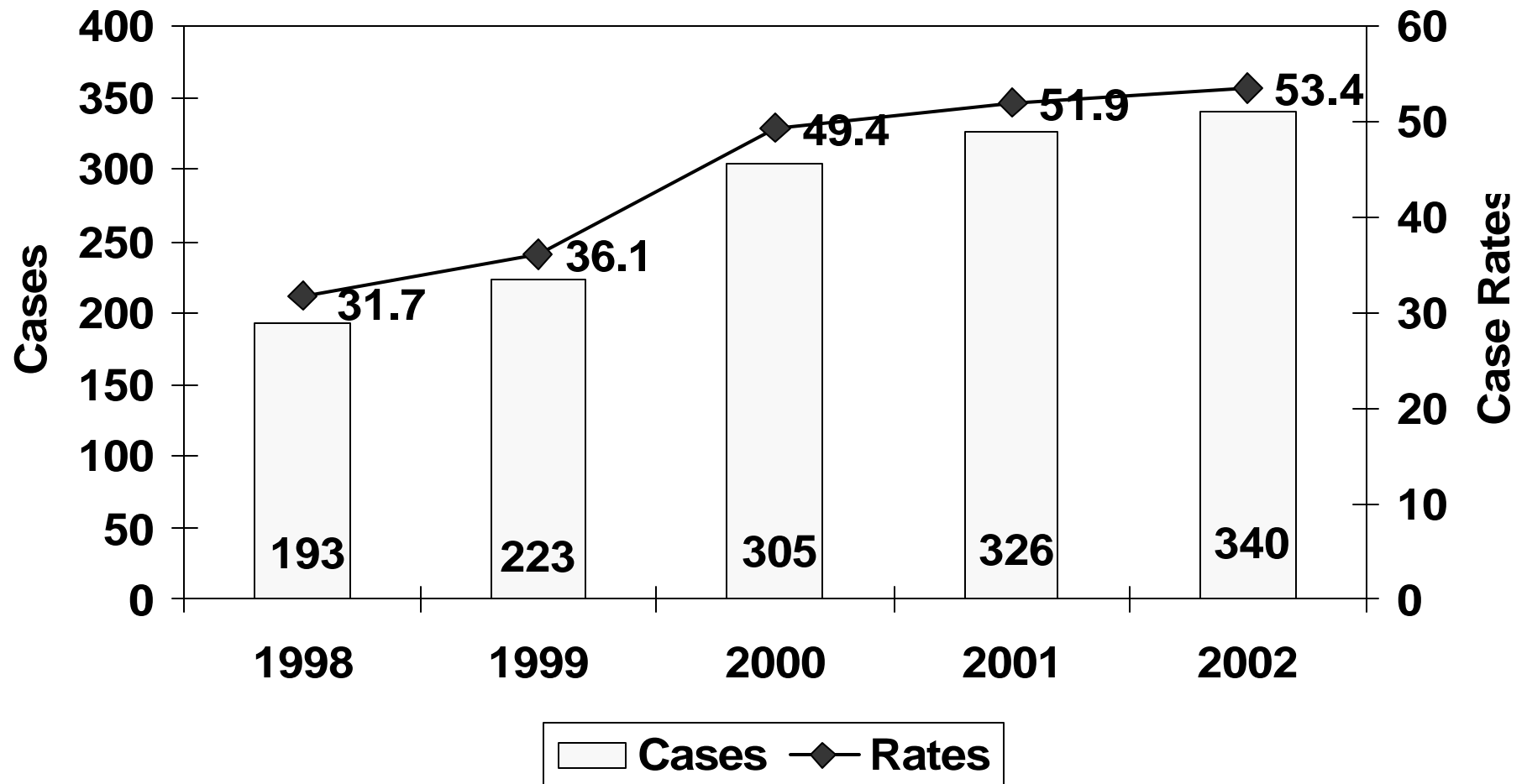
**Case Rate adjusted by gender and race.

Figure 4.
Chlamydia Cases and Rates:
West Service Planning Area
1998-2002



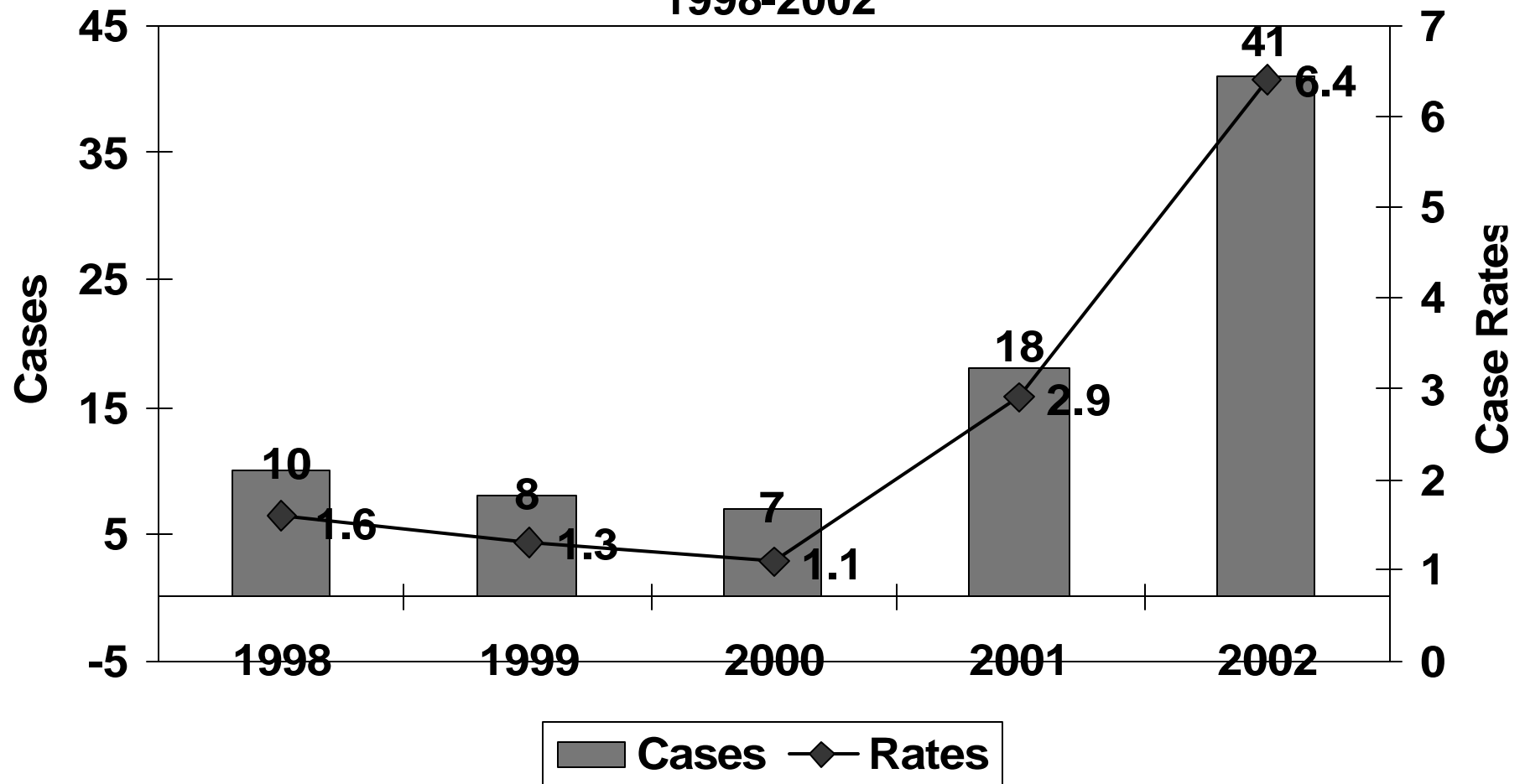
Case Rate: No. Cases per 100,000 Persons

Figure 5.
Gonorrhea Cases and Rates:
West Service Planning Area
1998-2002



Case Rate: No. Cases per 100,000 Persons

Figure 6.
Syphilis Cases and Rates:
West Service Planning Area
1998-2002



Case Rate: No. Cases per 100,000 Persons

Tuberculosis (TB)

The total number of TB cases in SPA 5 increased by 6% in 2003. This total (34 cases) represented 3.6% of total TB cases in Los Angeles County in 2003. TB case rate in SPA 5 was estimated at 5.3 cases per 100,000 persons.

TB cases were equally distributed between males and females (17, 50%). There were no cases of TB in the 0-14 age group. Eleven cases of TB were found among the 15-34 age group, thirteen cases among 35-64, and 10 among older adults (65+). Case rates of TB in SPA 5 were highest among the older adults (10.5/100,000 persons), followed by persons in the 55-64 age group (6.3 per 100,000 persons).

TB was highest among Asians (14 people with a case rate of 18.2 per 100,000 persons), followed by Latino's (9 persons with a rate of 8.6 per 100,000) and whites (9, case rate of 2.2 cases per 100,000).

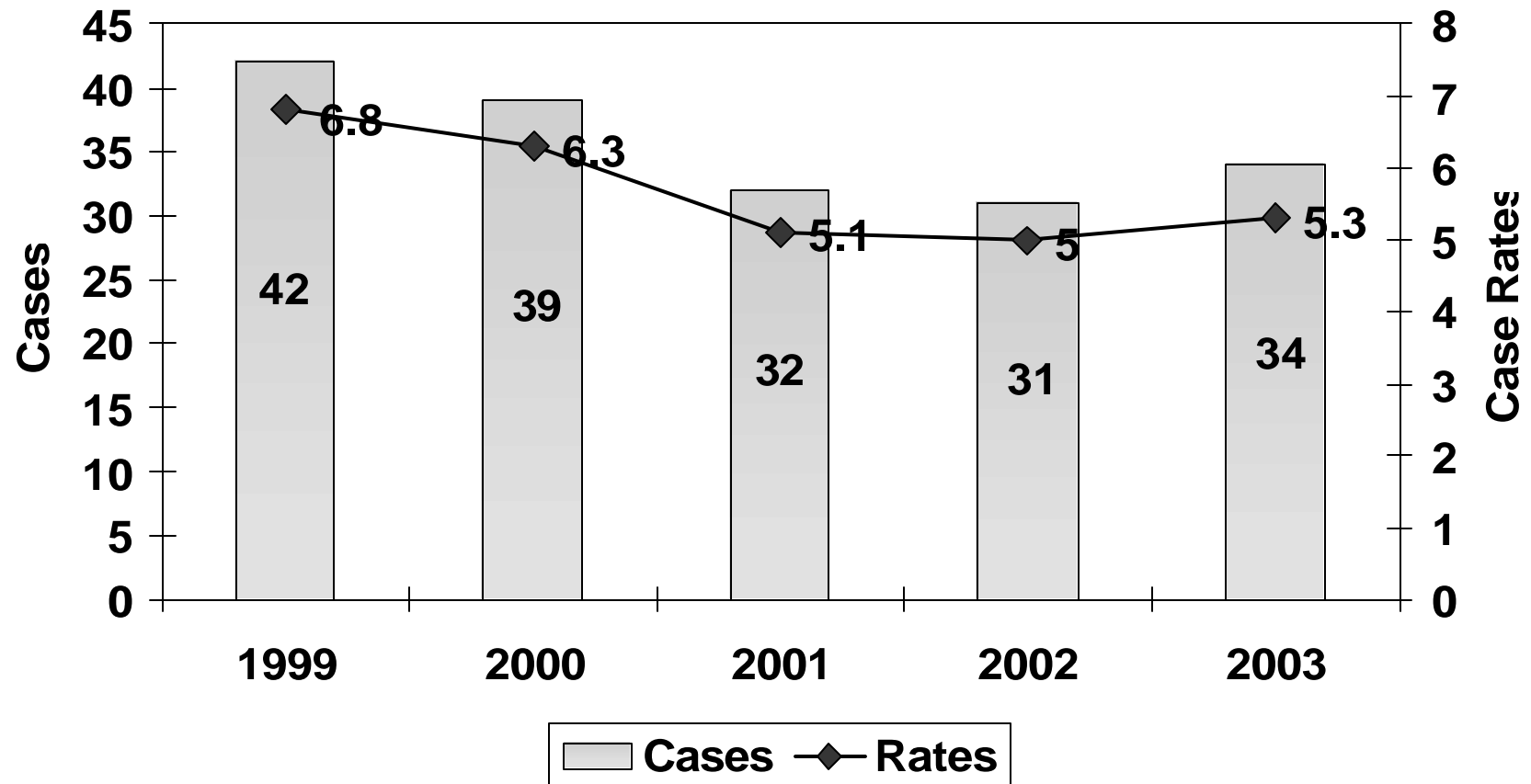
Over 79% of TB cases were foreign-born (27 cases). Among those, 9 (33.3%) were recent immigrants (less than 3 years in the U.S.), 7 (20.6%) were from Mexico, 4 (11.8) from China, 3 (8.8%) from Philippines, 2 (5.9%) from India, 1 (2.9%) from Vietnam, and 1 (2.9%) from Iran.

A total of 20 cases (58.8%) were tested for HIV in SPA 5. Of this total, 3 or 15.0% were detected to be positive. There were only 2 homeless cases (5.9%) in SPA 5 during 2003 (Table 11). Annual TB case and rates (1999-2003) have been presented in Figure 6.

Table 11. Tuberculosis in SPA 5 by Demographic Variables - 2003

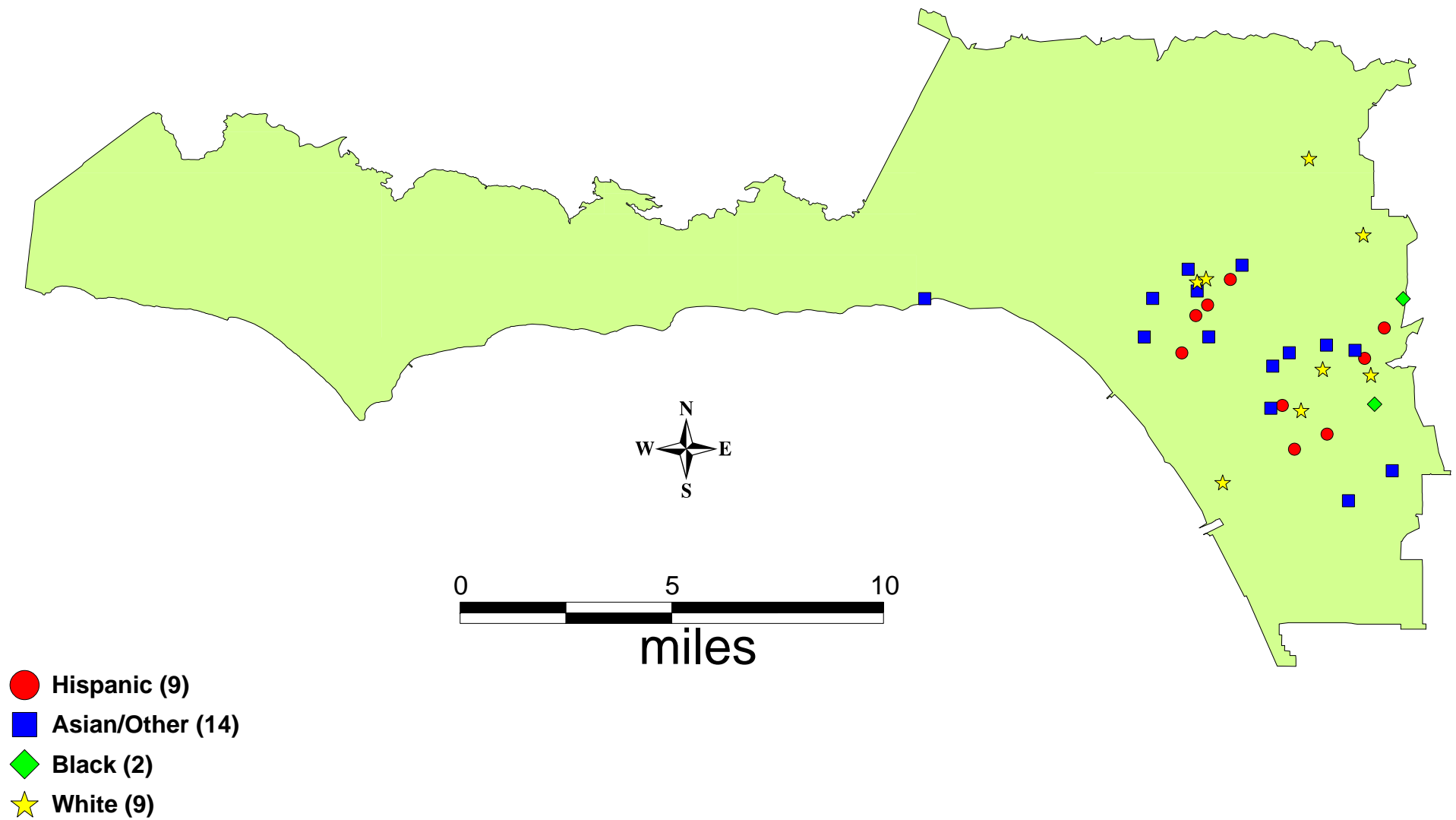
Demographic Variable	Cases		
	Number	Percent	Case Rate
Gender			
Male	17	50.0	5.1
Female	17	50.0	5.4
Total	34	100.0	5.3
Age Group			
00 - 04 Years	0	0.0	0.0
05 - 14 Years	0	0.0	0.0
15 - 34 Years	11	32.4	5.5
35 - 44 Years	6	17.6	5.7
45 - 54 Years	3	8.8	3.4
55 - 64 Years	4	11.8	6.3
65 Years and Over	10	29.4	10.5
Total	34	100.00	
Race/Ethnicity			
White	9	26.5	2.2
African American	2	5.9	4.4
Latino	9	26.5	8.6
Asian/Pacific Islander	14	41.2	18.2
Total	34	100.00	
Country of Birth			
United States of America	7	20.6	N/A
Mexico	7	20.6	N/A
China	4	11.8	N/A
Philippines	3	8.8	N/A
India	2	5.9	N/A
Iran	1	2.9	N/A
Vietnam	1	2.9	N/A
Other	9	26.5	N/A
Total	34	100.0	N/A

Figure 7.
Tuberculosis Cases and Rates:
West Service Planning Area
1999-2003



Case Rate: No. Cases per 100,000 Persons
Page 24

**2003 Distribution of Tuberculosis Cases by Service Planning Area 5
County of Los Angeles
n=34**



V. Burden of Disease and Injury

Disability-Adjusted Life Years (DALYs)

Since January 2000 (1997 DALY's), the Los Angeles County Department of Health Services has employed a new method - the Global Burden of Disease - to assess the total burden of disease and injury among Los Angeles County residents. The method combined premature mortality (measured using Years of Life Lost, or YLLs) and morbidity (measured using Years Lived with Disability, or YLDs) into a single measure of burden known as Disability Adjusted Life Years (DALYs). The most important finding of the report was that DALYs produce a substantially different ranking of disease burden within Los Angeles County than do mortality rates alone.

The last update to this report included DALYs for Los Angeles County as well as for each SPA (1998 DALY's). Table 12 presents the ten leading causes of disease burden in SPA 5. Coronary Heart Disease was the leading cause of disease burden (4,738 years of healthy life lost), followed by alcohol dependence (3,808 years), Alzheimer's/other dementia (2,888 years), Depression (2,755 years), Osteoarthritis (2,699 years), Diabetes Mellitus (2,551 years), drug overdose/other intoxication (2,446 years), Stroke (2,283 years), Trachea/Bronchus/Lung Cancer (1,988 years of healthy life lost), and Emphysema (1,890 years). The table also lists rates of DALYs per 1,000 population. Rates of DALYs ranged from 8.2 to 3.3 per 1,000 population for the top ten causes of DALYs in SPA 5. The rate for Coronary Heart Disease was much higher than rates for the next leading causes of DALYs.

Table 13 reports the ten leading causes of disease burden by gender in SPA 5. Coronary Heart Disease and drug overdose/other intoxication were the two leading causes of premature death and disability (years of healthy life lost) for men, with 2,752 years and 2,109 years lost, respectively. Alcohol dependence, Diabetes Mellitus, and Depression were the third, fourth, and fifth leading causes of DALYs for men, with 1,948, 1,434, and 1,366 years lost, respectively. Meanwhile, Coronary Heart Disease and Alzheimer's/other dementia were the two leading causes of premature death and disability for women, with 1,986 and 1,956 years lost, respectively. Alcohol dependence, Depression, and Osteoarthritis were the third, fourth, and fifth leading causes of DALYs among women, with 1,254, 1,117, and 1,038 years lost, respectively. Homicide/violence was the tenth leading cause of premature death and disability among men in SPA 5. The DALYs rate per 1,000 population for Coronary Heart Disease was 9.8 for men and 6.6 for women.

Table 12. Leading Causes of Disease Burden in SPA 5 Population - 1998

Rank	Cause of premature death and disability	DALYs	
		Years	Rate
1	Coronary Heart Disease	4,738	8.18
2	Alcohol Dependence	3,808	6.57
3	Alzheimer's/Other Dementia	2,888	4.99
4	Depression	2,755	4.76
5	Osteoarthritis	2,699	4.66
6	Diabetes Mellitus	2,551	4.40
7	Drug Overdose/Other Intoxication	2,446	4.22
8	Stroke	2,283	3.94
9	Trachea/Bronchus/Lung Cancer	1,988	3.43
10	Emphysema	1,890	3.26
	All Causes	58,231	100.55

Table 13. Leading Causes of Disease Burden in SPA 5 Population by Gender - 1998

Rank	Males in SPA 5			Rank	Females in SPA 5		
	Cause of premature death and disability	DALYs			Cause of premature death and disability	DALYs	
		Years	Rate			Years	Rate
1	Coronary Heart Disease	2,752	9.80	1	Coronary Heart Disease	1,986	6.64
2	Drug Overdose/Other Intoxication	2,109	7.50	2	Alzheimer's/Other Dementia	1,956	6.55
3	Alcohol Dependence	1,948	6.90	3	Alcohol Dependence	1,860	6.22
4	Diabetes Mellitus	1,434	5.10	4	Depression	1,389	4.65
5	Depression	1,366	4.90	5	Osteoarthritis	1,374	4.60
6	Osteoarthritis	1,325	4.70	6	Stroke	1,254	4.20
7	Cerebrovascular Disease	1,029	3.70	7	Diabetes Mellitus	1,117	3.74
8	Trachea, Bronchus, and Lung Cancer	992	3.50	8	Emphysema	1,038	3.47
9	Alzheimer's/Other Dementia	932	3.30	9	Trachea, Bronchus, and Lung Cancer	996	3.33
10	Homicide/Violence	920	3.30	10	Congenital/Heart Anomalies	888	2.97

DALY = Disability Adjusted Life Year = a measure of disease burden that combines premature mortality (deaths) and morbidity (diseases and injuries).

Rates are years lost per 1,000 population. All rates reported are crude (unadjusted) rates.

VI. Hospitalization

Leading Causes of Hospitalization

During 2002, the top 5 causes of hospitalization among SPA 5 residents were congestive heart failure (1,629, 2.3%), pneumonia (1,540, 2.2%), coronary atherosclerosis (1,432, 2.0%), chest pressure (1,010, 1.4%), and urinary tract infection (756, 1.1%). (Table 14)

Scheduled Versus Unscheduled Hospital Admissions

During 2002 there were 31,391 emergency room admissions in SPA 5, representing 44.3% of all hospitalizations (figure 7).

Source of payment for Hospitalization

Medicare was the source of payment for 43.2% of the total hospitalizations in SPA 5. Private insurance was the source of payment in 38.5% of admissions, followed by Medi-Cal (12.3%). Less than five percent of all hospitalized patients were indigent and the remaining estimated 2% used other sources of payment (Table 15).

Asthma-Related Hospitalization

Table 23 presents asthma-related hospitalizations in SPA 5 during 2002. It includes hospital discharges when asthma was mentioned as the major diagnosis or as other diagnosis. (Hospital discharge files include a major diagnosis and four other diagnoses). There were 2,330 asthma-related hospital discharges in SPA 5 during 2002. According to the latest health survey in Los Angeles County (2002-2003), in SPA 5, an estimated 13.0 percent of children ages 0-17 suffer from asthma. In this SPA, 5.7% adults have a current asthma diagnosis.

Table 14. Top 5 Hospital Discharges in SPA 5 by Principal Diagnosis - 2002

Rank	Principal Diagnosis at Discharge	Hospital Discharges		
		Number	Percent	Rate
1	Congestive Heart Failure (CHF)	1,629	2.30	255.9
2	Pneumonia	1,540	2.20	242.0
3	Coronary Atherosclerosis	1,432	2.00	225.0
4	Chest Pressure	1,010	1.40	158.7
5	Urinary Tract Infection	756	1.10	118.8

note: Percent is percent of all hospitalizations in the SPA

Diagnoses are based on 4-digit ICD-9 codes

Rates are per 100,000 population.

The total population in SPA 5 during 2002 was 636,482 persons.

Total Number of Hospitalizations in SPA 6 was 70,875 during 2002.

Table 15. Hospital Discharges in SPA 5 by Source of Payment and Admission Type - 2002

Payment Source	Number	Percent
Indigent	3,102	4.4
Medi-Cal	8,744	12.3
Medi-Care	30,604	43.2
Other	1,165	1.6
Private	27,260	38.5
Admission Type	Number	Percent
Emergency Room	31,391	44.3
Non-Emergency Room	39484	55.7
TOTAL	70,875	100.0

Source: OSHPD Discharge Data, 2002 (LAC DHS Office of Planning)

Medi-Cal is the State of California's version of the federal Medicaid program.

Table 16. Asthma Diagnosis and Hospitalizations, SPA 5: 2002

Asthma Diagnosis and Hospitalizations			
Age Group	0-17	18+	Total
Hospital Admissions (Number)	N/A	N/A	2330.0
Current Diagnosis of Asthma (Percent)	13.0	5.7	N/A

This table includes asthma-related hospitalizations when asthma was a principal diagnosis or other diagnosis.

VII. Mortality

Leading Causes of Death

During 2001, there were 4,192 deaths among residents of SPA 5 (Table 17). Heart disease and cancers were the leading causes of death, with 1,343 and 1,057 deaths, respectively. These two causes accounted for 57.3% of deaths during that year. Other leading causes of death among SPA 5 residents during 2001 were cerebrovascular disease with 368 deaths (8.8%), pneumonia & influenza with 206 deaths (4.9%), and chronic lower respiratory disease (CLD) with 198 deaths representing 4.7% of deaths in SPA 5.

Death rates per 100,000 population were at 213.9 for heart disease, 168.4 for cancers, 58.6 for cerebrovascular disease, 32.8 for pneumonia & influenza, 31.5 for chronic lower respiratory disease (CLD), and 16.9 for unintentional injuries.

Table 17. Leading Causes of Death in SPA 5 - 2001

Rank	Cause of Death (Male)	Deaths		
		Number	Percent	Death Rate
1	Heart Disease	686	33.1	225.7
2	Malignant Neoplasms	521	25.2	171.4
3	Cerebrovascular Diseases (Stroke)	143	6.9	47.1
4	Influenza and Pneumonia	92	4.4	30.3
5	Chronic Lower Respiratory Disease	73	3.5	24.0
6	Unintentional Injuries	65	3.1	21.4
7	Suicide	46	2.2	15.1
8	Diabetes Mellitus	40	1.9	13.2
9	Alzheimer's Disease	37	1.8	12.2
10	Chronic Liver Disease and Cirrhosis	32	1.5	10.5
12	Homicide	31	1.5	10.2
11	Nephritis, Nephrotic Syndrome, Nephrosis	27	1.3	8.9
12	Parkinson's Disease	23	1.1	7.6
Other	All Other Causes	255	12.3	83.9
TOTAL	All Causes	2,071	100.0	681.5

Rank	Cause of Death (Female)	Deaths		
		Number	Percent	Death Rate
1	Heart Disease	657	31.0	202.9
2	Malignant Neoplasms	536	25.3	165.5
3	Cerebrovascular Diseases (Stroke)	225	10.6	69.5
4	Chronic Lower Respiratory Disease	125	5.9	38.6
5	Influenza and Pneumonia	114	5.4	35.2
6	Unintentional Injuries	41	1.9	12.7
7	Alzheimer's Disease	38	1.8	11.7
8	Diabetes Mellitus	36	1.7	11.1
9	Atherosclerosis	24	1.1	7.4
10	Primary Hypertension & Hypertensive Renal Disease	23	1.1	7.1
12	Chronic Liver Disease & Cirrhosis	13	0.6	4.0
11	Nephritis, nephrotic syndrome and nephrosis	13	0.6	4.0
12	Parkinson's Disease	13	0.6	4.0
Other	All Other Causes	263	12.4	81.2
TOTAL	All Causes	2,121	100.0	654.9

Rates are per 100,000 population.

Unintentional Injury Deaths, Suicides, and Homicides

Table 18 presents the racial/ethnic distribution of Injury deaths in SPA 5 during 2002 by age groups. Of the 227 injury deaths among SPA 5 residents during that year, 157 (69%) were among whites, 26 (11%) were among African Americans, 31 (14.6%) were among Latinos, and 13 (6%) were among other racial/ethnic groups. Death was likely to occur at an earlier age among all other racial/ethnic groups than among whites. The highest rates of injury deaths occurred among African Americans (58.5 cases per 100,000 persons), followed by whites (38.1), and Latino's (30.0).

Unintentional injury deaths include motor vehicle and other accidental deaths. Table 19 presents unintentional injury deaths, suicides, and homicides in SPA 5. The highest case rates for injury deaths (41.9 cases per 100,000) as well as suicides (21 cases per 100,000) were among the seniors 65 years and over. Homicide rates were highest in the 18-64 age-group (8.5 cases per 100,000 persons).

Table 18. Racial/Ethnic Distribution of Injury Deaths in SPA 5 by Age Group - 2002

Race/Ethnicity	Age Group										
	Birth - 4 Years		5 - 17 Years		18-64		65 Years and Over		Total		
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Rate
White	1	0.6	2	1.3	104	66.2	50	31.8	157	100.0	38.1
African American	0	0.0	1	3.8	23	88.5	2	7.7	26	100.0	58.5
Latino	1	3.2	2	6.5	25	80.6	3	9.7	31	100.0	30.0
All Other	0	0.0	0	0.0	8	61.5	5	38.5	13	100.0	17.0
TOTAL	2	0.9	5	2.2	160	70.5	60	26.4	227	100.0	35.7

Table 19. Unintentional Injury Deaths, Suicides, and Homicides in SPA 5 by Age Group - 2002

Age Groups	Unintentional Injuries		Suicides		Homicides	
	Number	Rate	Number	Rate	Percent	Rate
0-17	4	3.6	1	0.9	2.0	1.8
18-64	83	19.1	37	8.5	37.0	8.5
65+	38	41.9	19	21.0	2.0	2.2
TOTAL	125	19.6	57	9.0	41.00	6.4

There were 3 deaths of undetermined intent and 1 via legal intervention.

Years of Potential Life Lost

Years of potential life lost (YPLL) due to death prior to reaching the age of 65 are presented in Table 20. Years of potential life lost for cancers, heart disease, and unintentional injury deaths were substantially higher than for other causes of deaths, with 2,806 years, 1,820 and 1,781 years, respectively. These three causes of deaths were followed by homicides with 1,247 years and suicides with 1,112 years of potential life lost.

The rates of years of potential life lost before age 65 per 100,000 population were significantly higher for cancers (519), heart disease (336) and unintentional injuries (329) than for other diseases. These rates were followed by a rate of 230 for homicide, a rate of 205 for suicides, a rate of 81 for AIDS, a rate of 73 for liver disease, and a rate of 50 per 100,000 for stroke in the population less than 65 years of age.

Table 20. Years of Potential Life Lost by Leading Cause of Death in SPA 5 - 2001

Rank	Cause of Death	YPLL	
		Years	Rate
1	Cancer	2,806	518.5
2	Heart Disease	1,820	336.3
3	Unintentional Injuries	1,781	329.1
4	Homicide	1,247	230.4
5	Suicide	1,112	205.5
6	HIV	437	80.8
7	Liver Disease	398	73.5
8	Stroke	273	50.4
9	Diabetes	241	44.5
10	Chronic Lower Respiratory Disease	165	30.5
11	Congenital Anomalies	151	27.9
Other	All Other Causes	1,754	324.1
TOTAL	All Causes	12,185	2,251.6

Years of Potential Life Lost (YPLL) = sum of years lost because of premature death before age 65 years.

A death at a younger age will contribute more YPLL than a death at an older age.

All rates shown are crude (unadjusted) rates.

Rates are years lost per 100,000 population at risk (population less than 65 years of age).

The population of SPA 5 during 2001 included 541,170 persons less than 65 years of age.

There were a total of 4,192 deaths including 24 infant deaths (excluded) in SPA 5 during 2001.

VIII. Alcohol and Drug Problems

Persons Receiving Alcohol and Drug Services

During fiscal year 2002-2003, the number of SPA 5 residents receiving alcohol and drug services was 4,613 (Table 21). Figure 8 presents drugs of choice among residents seeking Alcohol/drug treatment services. Primary drug problem in SPA 5 was reported to be Heroin (30%), followed by Crack/Cocaine and Alcohol with 22% each, other Opiates and Synthetics (11%), Methamphetamines (9%), and Marijuana/Hashish (5%).

The 4, 613 SPA 5 residents who received alcohol and drug services attended various types of programs. Of these, 2757 (60%) received non-residential treatment services, 1856 (40%) attended short-term or long-term residential treatment programs.

**Table 21. Persons Receiving Alcohol and Drug Services
SPA 5 - Fiscal Year 2002-2003**

Race/Ethnicity		
	Number	Percent
White	2,606	56.5
African American	934	20.2
Latino	701	15.2
Asian/Pacific Islander	66	1.4
Native American	19	0.4
Other	287	6.2
Age Group		
0-17	74	1.6
18-64	4,488	97.3
65+	51	1.1
Type of Service		
Outpatient	2,757	59.8
Residential	1,856	40.2
TOTAL	4,613	100.0

IX. Mental Health

Persons Receiving Mental Health Services

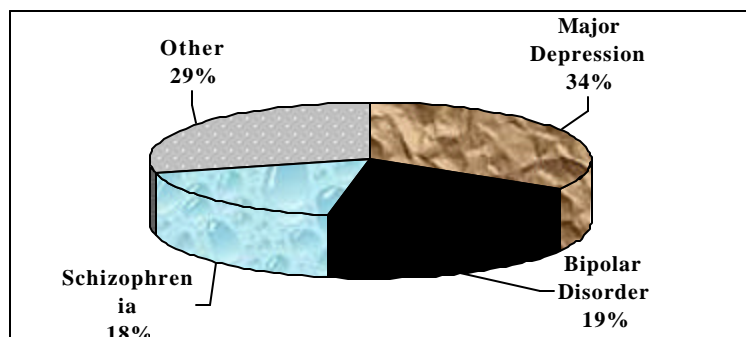
During July 2002 and March 2003, a total of 7,954 SPA 5 residents received mental health services (Table 22). The largest number of mental health patients were diagnosed with personality disorders (2,751 persons) representing 35% of all mental health service recipients. Personality disorders and Dual diagnoses are often secondary diagnoses. The top three mental health condition among adults in this SPA is Major Depression (2682, 33.7%), followed by Bipolar Disorder (1541, 19.4%), and Schizophrenia (1453, 18.3) as presented in Figure 9.

Table 22. Persons Receiving Mental Health Services in SPA 5 - 7/2002-3/2003

Service Type	Diagnostic Group at Admission									
	Major Depression		Bipolar/ Psychosis		Schizophrenia		Other		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	2,682	33.7	1,541	19.4	1,453	18.3	2,281	28.7	7,957	100.0

Other = Dementia/Organic and Substance Abuse.

Figure 9. Persons Receiving Mental Health Services in SPA 5 - 7/2002-3/2003



APPENDICES

Appendix A: Data Sources

Appendix C: Map of West Service Planning Area.

DATA SOURCES

- ? Estimated 2002 population: Office of Health Assessment and Epidemiology, Los Angeles County Department of Health Services, Los Angeles, California.
- ? Estimated 2001 population living below the federal poverty level: Office of Planning, Los Angeles County Department of Health Services, Los Angeles, California.
- ? Recipients of public assistance: Research and Evaluation Section, Los Angeles County Department of Public Social Services, Los Angeles, California.
- ? Estimated homeless population for 2001: Los Angeles Homeless Service Authority and the City of Glendale, California.
- ? Births: 2001 Maternal, Child, & Adolescent Health Program, Los Angeles County Department of Health Services, Los Angeles, California.
- ? Cumulative AIDS cases, persons living with AIDS: HIV Epidemiology Program, Los Angeles County Department of Health Services, Los Angeles, California.
- ? Sexually transmitted disease cases: Sexually Transmitted Disease Program, Los Angeles County Department of Health Services, Los Angeles, California.
- ? Tuberculosis cases: Tuberculosis Control Program, Los Angeles County Department of Health Services, Los Angeles, California.
- ? Burden of disease and injury: Data Collection and Analysis Unit, Office of Health Assessment and Epidemiology, Los Angeles County Department of Health Services, Los Angeles, California.
- ? Hospital discharges from acute care hospitals: Office of Ambulatory Care, Los Angeles County Department of Health Services, Los Angeles, California.
- ? Deaths: 2001 Death File, Data Collection and Analysis Unit, Office of Health Assessment and Epidemiology, Los Angeles County Department of Health Services, Los Angeles, California.
- ? Persons receiving alcohol and drug services: Alcohol and Drug Program Administration, Los Angeles County Department of Health Services, Los Angeles, California.

? Persons receiving mental health services: Planning Division, Los Angeles County
Department of Mental Health, Los Angeles, California.

City and Zip Bounderies West Service Planning Area (SPA 5)

